



# South Dakota Farm Loan Mediation

## REQUEST FOR MANDATORY MEDIATION

**SEND THIS FORM AND A \$50.00 FILING FEE TO:**

MEDIATION SERVICES  
SD DEPARTMENT OF AGRICULTURE  
523 E CAPITOL AVE, FOSS BLDG  
PIERRE, SD 57501-3182

### For Office Use Only

Case Number: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date: \_\_\_\_\_

\*Requesting Creditor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

\*Number of Additional Creditors: \_\_\_\_\_ Please attach names and *complete* addresses to a separate page.

\*Debtor: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_  
(A complete address must be provided.)

\*Additional Debtor: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

\*If additional room is needed for listing debtors, please attach a separate page.

\*If the property is under control of a third party whom you are not requesting mediation with, please supply the following:

\*Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

How affected: \_\_\_\_\_

Is the debtor(s) in this matter currently in bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

County location of collateral real estate or chattel property: \_\_\_\_\_

SIGNATURE OF REQUESTING PARTY: \_\_\_\_\_ TITLE: \_\_\_\_\_



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## LISTING OF ADDITIONAL CREDITORS

**1) Additional Creditor:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

**2) Additional Creditor:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

**3) Additional Creditor:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

**4) Additional Creditor:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

**5) Additional Creditor:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

**6) Additional Creditor:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

**7) Additional Creditor:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_